

ISSUE SLIP STAPLE AREA (for additional cross references)

SECTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	10-03-01
O.J.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	10/19
FORMALITY REVIEW	M.H.	1102	11-01-01
RESPONSE FORMALITY REVIEW	AM	917	04-18-02

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 (Through numeral) _____ Cancelled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
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Best Available Copy

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11/12

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9-14-02

If more than 150 claims or 10 actions
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